AMENDMENT TRANSMITTAL LETTER							Docket No. 53358/P008US/10608120	
Application No.		Filing [	Examiner			Art Unit		
10/723,975-Conf. #9490		November	S.	S. R. Crow		3764		
olicant(s): Rob	ert E. Rodgers	Jr.						
ention: COMPA		E PATH EXER	CISE APPAF	RATUS WI	ΓΗ A RI	ELATIVELY LO	ONG CAM	
anamittad baras		THE COMMI						
ansmitted here ne fee has been					uon.			
		CLAIM	S AS AMENI	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rati	9			
Total Claims	24	- 30 =	0	X	50.00		0.00	
ndependent Claims	2	- 3 =	0	x 2	200.00		0.00	
Multiple Depend			_, [					
Other fee (please specify): Statutory Disclaimer							0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00	
Large Entity  No additiona	ıl fee is require	ed for this amer	ndment.	Sma	all Entity	<b>y</b>		
<del></del> ,	ge Deposit Acc	count No0		n the amou	nt of \$	130.00	•	
A check in th	ne amount of \$		to cover	the filing fe	e is en	closed.	Ý	
Payment by	credit card. Fo	orm PTO-2038	is attached.					
		norized to char	ne and credit	Denosit A		No 06-238	20	
	•	olicate copy of	•	•	count	10.		
as described	d below. A dup	olicate copy of	•	•	counti	<b>10</b> .	<u></u>	
x Credit a	d below. A dup ny overpaymer	olicate copy of	this sheet is e	enclosed.				
as described	d below. A dup ny overpaymer ny additional fil	olicate copy of the copy of th	this sheet is e	enclosed. fees require	d under		nd 1.17.	